



CITY OF SHEBOYGAN 2012 CDBG PROGRAM

REQUEST FOR PROPOSALS (RFP)

PUBLIC SERVICE ACTIVITIES

FOR NON PROFIT ORGANIZATIONS AND GOVERNMENTAL AGENCIES

For fiscal year: April 1, 2012– March 31, 2013

THE PROPOSAL SUBMISSION DEADLINE IS:

Friday, December 28, 2011

4:30 P.M.

Important Note: Due to Federal Budget Cuts, funding through the Block Grant Program for 2012 is may be limited and very competitive. Therefore, we are asking agencies to study their needs and determine a competitive grant request that leverages other funding sources.

No proposals for the funding cycle will be considered after this date and time. Applications received after the deadline will be returned unopened.

The following RFP is for activities that qualify under as Public Service Activities. A detailed definition of eligible activities can be found later in this application.

Proposals must provide evidence that the proposed program will primarily serve low and moderate income residents in the City of Sheboygan.

If an organization is planning to request funding for more than one program, **each must be submitted separately.**

An emphasis will be made to fund programs that meet one or more of the three *national* objectives described below:

- Benefitting low- and moderate-income (LMI) persons, ie affordable housing, LMI jobs, LMI area benefit, etc.)
- Prevention/Elimination of Slums or Blight

- Meeting other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of our community.

As part of this application, the following items are **Mandatory** to be submitted:

1. Budget Information (current year and past year)
2. Written documentation regarding income verification process.
3. Most recent audited financial statement or audit report. Recipients of CDBG funds must provide an audited financial statement for the fiscal year in which the funds are received within 150 days of the end of the organization's fiscal year. Organizations with \$30,000 or less of annual expenditures/disbursements may provide a limited scope review. If any agency is not required to undertake an annual audit, reason(s) in writing must be clearly defined.
4. List of Board of Directors, including agency policy regarding Board membership and tenure of Directors.
5. By-Laws and/or Resolutions of the Board, including Restricted or Designated Funds.
6. Any other documentation that will assist in understanding and evaluating your Agency's request.
7. Please complete the Single Audit form attached to this application.

Incomplete applications will be disqualified and late applications will not be reviewed. Please make sure all necessary items are included.

Completed proposals should be mailed or hand-delivered to the following address:

City of Sheboygan
Department of City Development
828 Center Avenue, Suite 104
Sheboygan, WI 53081

Questions concerning this RFP should be addressed to Chad Pelishek, Development Manager at the address above or call (920) 459-3383.

GENERAL REQUIREMENTS

The FY 2012-2013 Community Development Block Grant (CDBG) Program has not received notification of the yearly allocation. All funding allocations by the Committee will be contingent on the amount of allowable funding from HUD and may be subject to change. If approved allocation does change, the Department of Planning and Development will notify each public service agency in writing of the change.

As in the past, funding is estimated to be approximately \$127,000 for 2012-13. On average, we have been receiving requests for over \$350,000. Please take the recent approved allocation into account when you submit your application.

A public service activity is defined as services (including labor, supplies and materials) which are directed toward improving community's public services, including but not limited to those concerned with employment, crime prevention, child care, health, drug abuse, education, fair housing counseling, energy conservation, and homebuyer down-payment assistance.

Proposals must provide evidence that the proposed program will primarily serve low and moderate-income City of Sheboygan residents.

If the proposal does not meet one of the three National Objectives, or is determined to be ineligible under any of the CDBG regulations, the project will be considered for funding.

You are encouraged to check with us before submitting your proposal to make sure it is an eligible activity.

Applications which are approved for funding are subject to monitoring of files and records for the program year in which funding is received.

FORMAT OF SUBMISSION:

Only **one** copy is needed. We will reproduce and bind all proposals in one packet for committee members, so submissions with loose pages held by a binder clip are required. **Please convert brochures, newspaper articles, audit reports and other non-standard size documents to 8 ½" x 11" size loose paper.**

BASIC INFORMATION

Name of organization: _____

Address: _____

Charitable Tax #: _____ Year founded: _____

Contact person: _____ Title: _____

Phone number: _____ Email: _____

Non-Profit Status (i.e., 501(c)(3): _____

PROJECT INFORMATION

Project title: _____

Grant requested: \$ _____

PROJECT BUDGET

[illegible]

1. Project Description: (attach no more than 5 pages to this application). Indicate whether this is a new program. Describe the program in depth of detail adequate to prevent any misunderstanding. However, excessive verbiage does not increase likelihood of funding.

Important Note:

In order to be eligible for funding, your project must benefit low and moderate-income (LMI) families and individuals. The U.S. Dept. of Housing and Urban Development defines LMI as an income below 80% of the median family income (May 2010) for the City of Sheboygan. The most recent estimates are:

<u>Family</u>	<u>80% Median Family Income</u>
1	\$37,550
2	42,990
3	48,250
4	53,600
5	57,900
6	62,200
7	66,500
8+	70,800

2. YOUR ORGANIZATION

Provide a brief description of your organization, its mission and goals, and key areas of activity. Include all services provided with numbers of recipients for past three years (summarized).

3. STATEMENT OF SPECIFIC COMMUNITY NEED:

4. PROPOSED PROGRAM GOALS:

5. PROPOSED PROGRAM OUTCOME OBJECTIVE(S):

6. **PROPOSED PROGRAM OUTCOME MEASURES (minimum of three):**
 - a)
 - b)
 - c)
7. **DESCRIBE HOW YOUR PROGRAM WILL MEET ONE OF THE THREE NATIONAL OBJECTIVES, (I.E. BENEFIT OF LMI PERSONS, PREVENTION/ELIMINATION OF BLIGHT/SLUM, OR MEETS OTHER COMMUNITY DEVELOPMENT NEEDS).**
8. **PLEASE DESCRIBE THE PROGRAM SERVICES INCLUDING HOURS OF OPERATION, IS THE SERVICE PROVIDED BY STAFF _____ VOLUNTEERS _____ OR BOTH _____.**
9. **PROGRAM PARTICIPATION:**
10. **PROGRAM STAFFING (Paid Staff and Volunteers) including how many of each, their titles and qualifications?**
11. **PROPOSED PROGRAM OUTCOMES/IMPACTS:**
 - a) **OUTCOME/IMPACT OF PROGRAM**
 - b) **COMMUNITY RESPONSIVENESS TO PROGRAM**
 - c) **ROLE/IMPORTANCE OF CITY OF SHEBOYGAN CDBG FUNDING**
 - d) **PLANNING FOR SUSTAINABILITY**
 - **Does the organization have financial stability goals?**
 - **If so, list them.**
 - **Does the annual income statement for each of the past three years show a surplus or a deficit?**
 - **If deficits have occurred what action has been taken?**

e) **RELATION TO OTHER PUBLIC OR PRIVATE PROGRAMS:**
Describe how your program will relate to and coordinate with other programs underway or proposed for the City of Sheboygan. Indicate if there is a formal contractual linkage.

f) **DUPLICATION/OVERLAP OF SERVICES:** Indicate whether other organizations provide a similar program and how your program avoids duplication of services.

12. HUD requires that a public service activity must be either a new service, or a quantifiable increase in the level of a service above that which has been provided. Please address how the activity that you propose for 2012 meets this requirement.

13. Provide a detailed list of accomplishments from previously funded Block Grant activities, if applicable. NOTE: Each organization that is funded through the HUD monies will be required to provide quarterly monitoring reports to the City of Sheboygan Dept. of City Development indicating how your organization has met one or more of the three national objectives set forth by HUD and will be required to provide demographic data on the persons assisted.

14. Have you or any officers of your organization ever been involved in bankruptcy or insolvency proceedings?

Yes _____ No _____ If yes, please provide the details.

15. Are you or your organization involved in any pending lawsuits?

Yes _____ No _____ If yes, please provide the details.

15. Please indicate the census tracts/block groups that your programming will serve based on the attached map. _____

16. Please indicate whether your organization completes a single audit?

_____ Single Audit Not Required (Total Federal Expenditures less than \$500,000)

_____ Single Audit Required (Total Federal Expenditures more than \$500,000)

If a single audit is required, please indicate your total Federal expenditures in a calendar year. _____

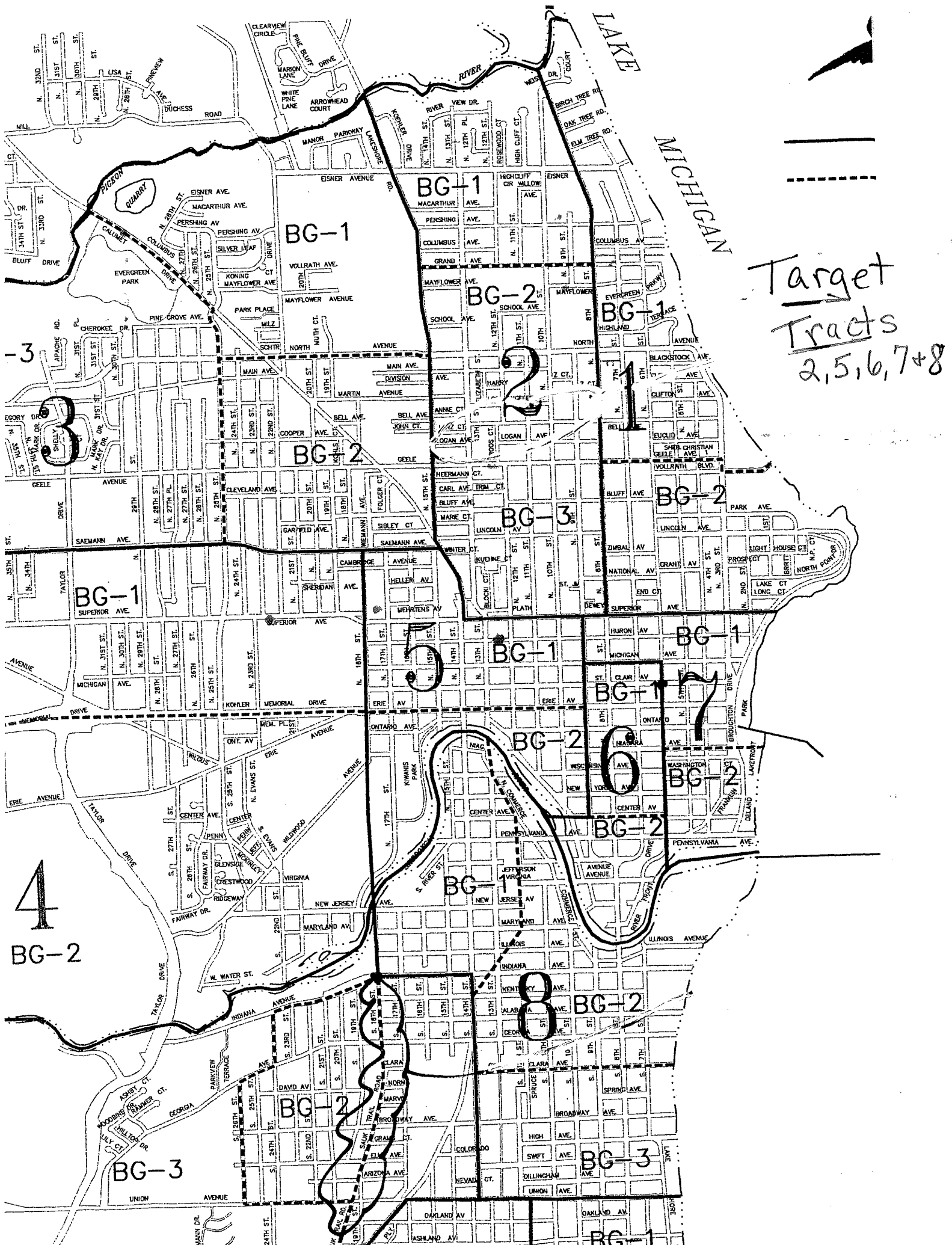
Certificate

I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

Authorized Signature

Date

Print Name and Title



Target
Tracts
2, 5, 6, 7 + 8